



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
EUGENE I. GESSOW, DIRECTOR

December 24, 2008

Michael Marshall  
Secretary of Senate  
State Capitol  
LOCAL

Mark Brandsgard  
Chief Clerk of the House  
State Capitol  
LOCAL

Dear Mr. Marshall and Mr. Brandsgard:

Enclosed please find copies of reports to the General Assembly relative to the Medical Assistance Quality Improvement Council.

These reports were prepared pursuant to directive contained in HF 2539.

Legislative members have not been appointed to this council to date, but Medicaid is actively involved in quality improvement efforts and has activities underway in several areas. The following are Medicaid programs and initiatives:

- The federal Centers for Medicare and Medicaid Services (CMS) recently completed a comprehensive assessment of Iowa Medicaid & SCHIP Quality Improvement Activities – The accomplishments state that Iowa Medicaid efforts are consistent with the Value Driven Health Care Initiative. The quality improvement assessment provides a framework to capture at a high level the improvement activities in support of the Medicaid & SCHIP programs. The CMS final report is available and will be included in the final report.
- The Iowa Medicaid Enterprise (IME) designed and implemented the Medicaid Value Management (MVM) Initiative – MVM is a comprehensive approach to improve the quality and value of services provided to Iowa Medicaid members. Our goal is to maximize the value of the program to Medicaid members within the fiscal limitations of the state and federal budget. Utilizing nationally recognized benchmarks and data on utilization of services we identify gaps in care and evaluate current Medicaid services to members. Results of the claims review data form the basis of recommendations for improving the quality of health care, identifying opportunities for cost containment and addressing gaps in care. The state fiscal year 2008 MVM report will be included in the final report.
- IME Care Management Programs – Iowa Medicaid has four disease/care management programs that integrate condition care management (asthma, diabetes and congestive heart failure) and complex care management into a proactive approach to health care delivery. The programs address the medical needs of Medicaid members with chronic diseases. The programs take a holistic approach by conducting depression screenings, introducing self-management skills and coordinating accessing to high quality health care. Care management programs direct interventions that ensure right care at the right time while encouraging Medicaid members to assume responsibility for their health. The evaluation report for the congestive heart failure care management program will be included in the final report.

- The IME uses "HEDIS" Measures and CAHPS – Iowa Medicaid measurement information is collected and published by U of I Public Policy Center annually. The results are evaluated and utilized in quality improvement initiatives. HEDIS measures are used to compare the performance of the Medicaid program to that of other state Medicaid and the commercial plans. HEDIS data provide benchmarks on which to evaluate Iowa Medicaid performance. The SFY 2008 report will be included in the final report.
- Iowa Medicaid Electronic Records System (IMERS) – The IME designed and implemented a web-based electronic tool that enables providers to review services and medications of their Medicaid members to improve the quality of care by decreasing drug interactions and duplication of services. Medicaid is exploring how other state agencies may use this tool to perform their services (LTC, WIC, Foster Care).
- Waiver Quality Management Plans – The Iowa Home and Community Based Service waiver program has developed a comprehensive Quality Management plan designed to meet the CMS Quality Framework guidelines for the Medicaid waiver programs. The Quality Framework establishes a common frame of reference for states to use to address quality issues and to focus attention on desired participant outcomes and program design. The HCBS Quality Management plan identifies and monitors performance measures in seven focus areas identified in the Quality Framework. The plan will be included in the final report.

Sincerely,



Jennifer Vermeer  
Medicaid Director

Attachments

1. CMS Review of IME Quality Programs
2. Medicaid Value Management Report
3. Report on IME Congestive Heart Failure Program
4. Outcomes Report on Medicaid Managed Care (using HEDIS and CAHPS)
5. Waiver Quality Plan

cc: Governor Culver  
Legislative Service Agency  
Kris Bell, Senate Majority Caucus  
Peter Matthes, Senate Minority Caucus  
Zeke Furlong, House Majority Caucus  
Brad Trow, House Minority Caucus